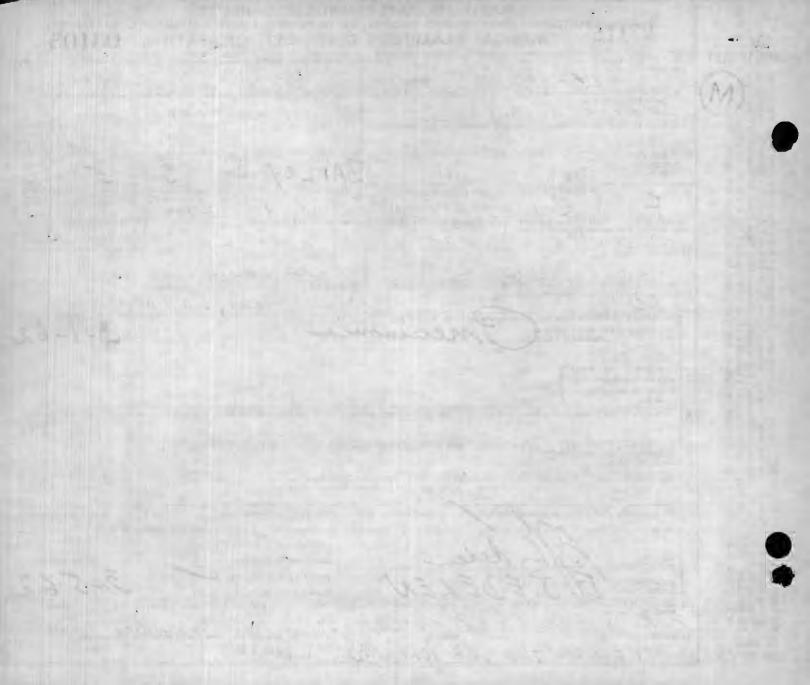
FOR STATE HEALTH DEPT TO DEPUS. M. AL EXAMINER: This certificate should be executed within 24 hours after death. If any example please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board ATHERLY, or ill designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. AISME

5M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03105

1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Rasidence before edmission)
	C-42012=	a. STATE MARNEAND b. COUNTY CHARLES
11-	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	
/1	write RUBAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	LA PLATA (RURAL)	XLA PLATA (RURAL)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS . IS RESIDENCE
		ON A FARM? YES \( \sum \text{NO } \sum \text{NO } \)
3.	NAME OF First Middle	Lasi J 4, DATE Month Day Yeer
	(Type or print) RESCIE M.	1/A-1 A-1 OF
1	DED'S	DAILEY DEATH J 3 1966
5	. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	A feet best feet)
1	CO/. WIDOWED DIVORCED 1	AUG. 18, 1907 54 yrs. Months Days Hours Min.
10	Do. USUAL OCCUPATION (Give kind of work lone during most of working life, even If retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
"	HOUSEWIFE DOMESTIC	Maduan
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	7	
	HEMUEL DODSON	CORA CHUN
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I.	NFORMANT Address
	NO MA	SCELIA GRAY, LAPLATA, MD.
	18. CAUSE OF DEATH [Enter only one cause peg line for (e), (b), and (c).]	Unterval Between
	PART I. DEATH WAS CAUSED BY:	CONSET AND DEATH 'S
	IMMEDIATE CAUSA(a)	7-1-02
	73 X DUE TO	
	Conditions, if any, which (b)	
	geve rise to immediate cause	
	fall statuta the audentities	
1,		T DELATED TO THE TERMINAL DISEASE CONDITION CHEET IN THE TAX A LINE OF THE PROPERTY OF THE PRO
P	FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
13		YES NO .
CERTIFICATION	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (E	nter nature of injury in Pert I or Pert II of itam 18.)
U	CAUSE OF DEATH.	
13	20c. TIME OF INJURY Month, Dey, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm, ; 20f. (City or town) (County) (Stata)
MEDICAL	Hour e.m. While Not While fector	ory, street, office bldg., etc.)
E	9.00	
	21. I certify that I took charge of the remains described above, hel	d an Autopsy, Inspection, Inquiry, and in my opinion
	death resulted from: Matural Causes . Accident . Suici	de, Homicide, Undetermined manner
	All T	CHIEF MEDICAL EXAMINER
	ACTUAL ( ) ( ) dele	ASSISTANT MEDICAL EXAMINER TO DATE SIGNED
	SIGNATURE	M.D.
	EXAMINER'S FI	DEPUTY MEDICAL EXAMINER
-	NAME (Type) Chu, LULLIV	Address (Street, city, town, or county)
22	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or country) (Stete)
	BURIAL 3-9-62 ZION BAD	TIST HILLTON MARILAUN
23	3. FUNERAL DIRECTOR ADDRESS	248. REC'D BY REGISTRAR 246/ REGISTRAR'S SIGNATURE
14	TUNTT FUNERAL HOME WALDEDE M	D. DATEMAR 1 2 '62 Ciching S. Hroma
1	in the state of the sole of the	U I DAIR



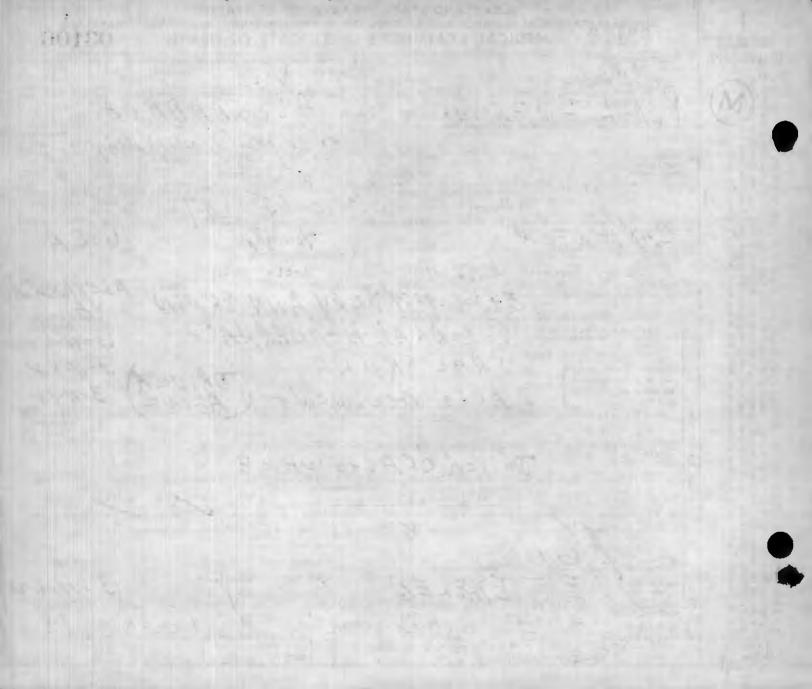
1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. STATE b. COUNTY MARYLAND OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RUBAL and give nearest town) director. And giva nearas town) Lhe d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET\_ADDRESS e. IS RESIDENCE ō ON A FARM? 3 to the funeral retained State YES NO 3. NAME OF DATE Middle DECEASED OF (Type or print) DEATH with with 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Days Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stella or foreign country) 12. CITIZEN OF WHAT COUNTRY? pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Artie Wymer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO. 17. INFORMANT permit. (Yas, no, or unkown) | (Ifyas giva war or datas of serv I-transit permit "in pencil in Item 18 Office along with a burial-transit permit 18. CAUSE OF DEATH fenter only one cause per line for fal. ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) removal **DUE TO** Conditions, if any, which gave rise to Immediata causa UT IT DUE TO Examiner (a), slating the undarlying cremetion, or NOT RELATED TO THE TERMINAL DISPASE CONDITION GIVEN IN PART 1(8) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CERTIFICATION WAS AUTOPSY PERFORMED? YES NO D 20b. DESCRISE HOW INJURY OCCURED, (Entar neture of injury in Pert I or Pert II of itam 18.) 20a. EXTERNAL CAUSE WAS ficate, writing the to the Chief Mex IOR: Page 3 short prior to burial, PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Slate) factory, street, office bldg., atc.) Not While White Md. 62 at work at work : 30 XXXX Chas. Hway Hughesvi 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Accident Suicide Hamicide Undetermined manner DIRE CHIEF MEDICAL EXAMINER lease executs the should be forwer by FUNERAL DIT ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22d. LOCATION (City, town, or country) (Stela) REMOVAL (Spacify) 240 g KURIAL a 24b. REGISTRAR'S SIGNATURE 248. REC'D BY REGISTRAR I VS. A15ME 5M 9/60 DATEGAR Without & Thous

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

Division of STATISTICAL RESEA

DEPU

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## FOR STATE HEALTH DEPT

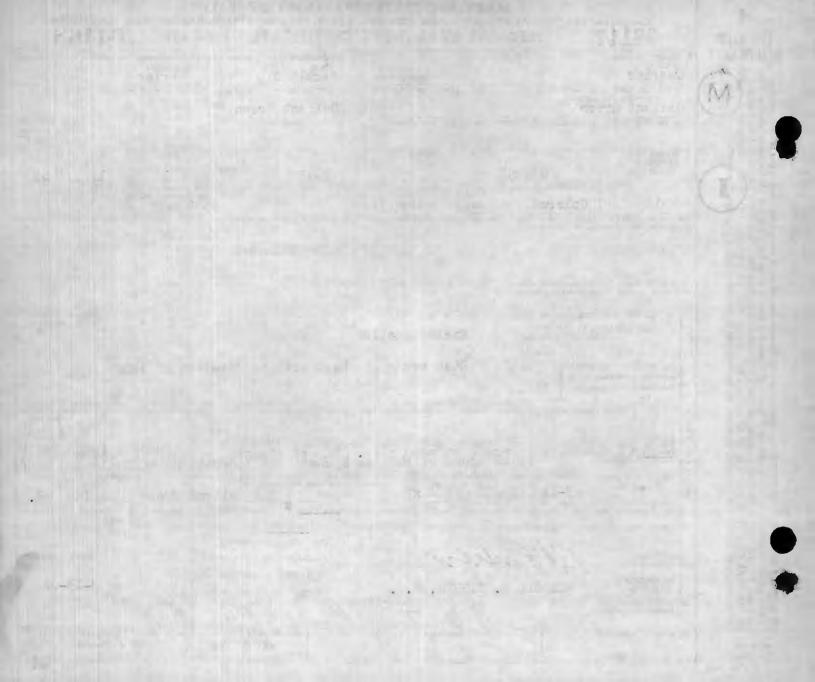
TO DEPUTY ME. ALL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board pithealth, or its designated egent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Charles	MARYLAND	Maryland		b, county Charles	Residence before edmissio
b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) Gallant Green	e. LENGTH OF STAY IN 16	Gallant	(If outside corporete li		nd give neerest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	pitel, giva street eddress)	d. STREET ADDRES			ON A FARM
3. NAME OF First DECEASED (Type or print) GEORGE	Middla	FORD	4. DATE OF DEATH	Month 3	Day Yaar 11 1962
5. SEX 6. COLOR OR RACE 7. MARRIE Colored WIDOWE		DATE OF BIRTH		(In years IF UNDER birthday) Months	
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retirad)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sta	a or foreign country)	12. CI	TIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDE	NAME .		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unkown) (Ifyasgivawarordatasofservice)	SOCIAL SECURITY NO. 17, IE	NFORMANT		Address	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Exsanguination	n			ONSET AND DEATH
Conditions, if any, which geve rise to immediate cause (a), stating the undarlying cause lest.	Stab wound of	chest with	penetratio	on of lung	<b>3</b>
Conditions, if any, which geve rise to immediate cause (a), stating the undarlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS	ITRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDI	TION GIVEN IN PAR	
Conditions, if any, which geve rise to immediate cause (a), stating the undarlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONDITION	IRE HOW INJURY OCCURED. (End on wood pile, ound of abdomer injury occured) 20s. PLAC fector with the second of the	TRELATED TO THE TERM	ent t or Part II of from 1.  lashed, corn nd lacerati  rm, 201. (City or tow	Subject Dound in par	T 1(e) 19. WAS AUTOPS' PERFORMED?
Conditions, if any, which gave rise to immediate cause  (a), stating the undarlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONDITIO	IRE HOW INJURY OCCURED. (Ered on wood pile, round of abdomer injury occurred about the property of the propert	TRELATED TO THE TERM  Throat, s  Chest at  CE OF INJURY (Homa, for  Home  d an Autonsy  Homicide  Homicide	ert or Pari II of irom II  lashed cor  nd lacerati  rm., 204. (City or tov  c.)  Gallant  Inspection  Undeterr	Subject Dound in par	T (e) 19. WAS AUTOPS: PERFORMED? YES Y NO  Cfound fully acture skillly alp and hand (Stefe)
Conditions, if any, which geve rise to immediate cause  (a), stating the undarlying DUE TO  cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CON  20a. EXTERNAL CAUSE WAS PRIMARY PA or CONTRIBUTING CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year 20d. While p.m.  21. I certify that I look charge of the rem	IRE HOW INJURY OCCURED. (End on wood pile, ound of abdomer injury occurred 20s. PLAC fector at work at work.)  Not While at work at work.  Accident . Suicie	nter nature of injury in P Throat s Chest at CE OF INJURY (Homa, formy, street, office bldg., e Home  d an Autonsy  de Homicide CHIEF MEDICA	ert t or Part II of from 1.  lashed, condition 1.  laceration, 20%. (City or towns).  Gallant  Inspection	Subject pound in particular in the control of solon of solon of solon in the control of solon in the c	Ti(e) 19. WAS AUTOPS: PERFORMED? YES IN NO Cound fully caure skilly and hand unity) (Stee)
Conditions, if any, which geve rise to immediate cause (a), stating the undarlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONTRIBUTIONS	IRE HOW INJURY OCCURED. (End on wood pile, ound of abdomer injury occurred 20s. Place fector injury occurred	T RELATED TO THE TERM  Throats  A chest at the chest at t	ent I or Part II of Itom 1.  lashed, Cornation, 201. (City or town).  Inspection  Undeterrate Examiner	Subject pound if a pound in a pou	PERFORMED? YES NO CONTROL OF THE PERFORMENT O
Conditions, if any, which gove rise to immediate cause (a), stating the undarlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONDITION	IRE HOW INJURY OCCURED. (Er d on wood pile, ound of abdomer INJURY OCCURRED 200. PLACE A 18 work at work at work at Accident . Suicie	T RELATED TO THE TERM  Throats  A chest at the chest at t	ent t or Part II of from 1.  lashed, cornection, 20%. (City or tow ic.)  Gallant Inspection  LEXAMINER  DICAL EXAMINER  AL EXAMINER	Subject pound if a composition of some	TI(e) 19. WAS AUTOPS: PERFORMED? YES IN NO TO THE STATE OF THE STATE O



03119 may be Lined hospital or altending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave corban popers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 have after death.

er death. Page 4

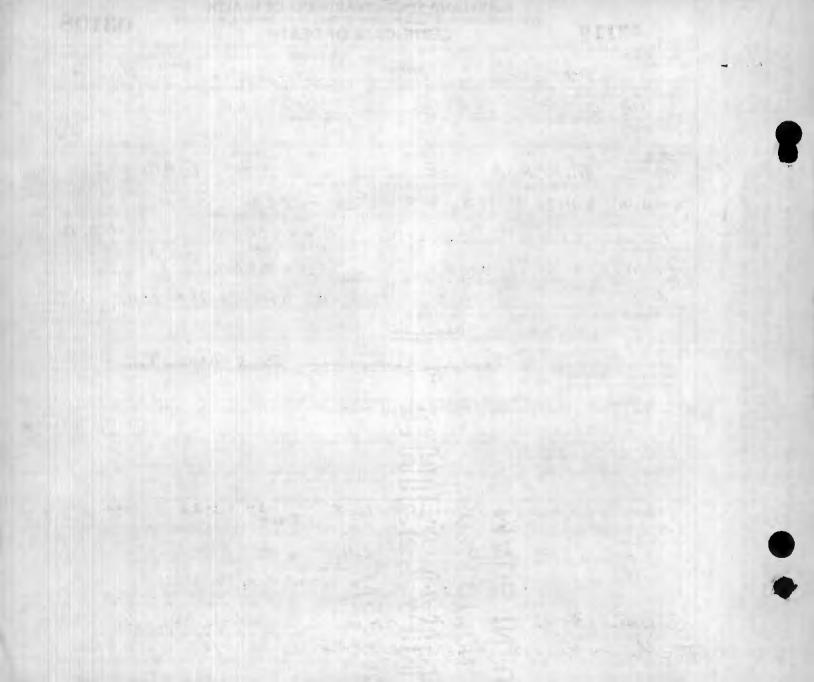
JOING PHYSICIAN: The law requires that the death certificate be executed within 24

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

03108

00220	<u> </u>			
1. PLACE OF DEATH a. COUNTY CHARLES	MARYLAND	a. STATE AA	ere deceased lived. If institution b. COUNTY	Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16		utside corporole limits, write RUF	
RURAL and give rearest town)	Lize	X WALD	ORF	
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED A A G	Middle	Lost	4. DATE Month	Day Year
(Type or print) ///RANDA	E.	GARNER	DEATH ///A-Te	
-	RIED NEVER MARRIED	B. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HI Months Days Hours Min.
FEMALE WHITE WIDOWN		TEB. 2,188	2 80 yrs.	
10a. USUAL OCCUPATION (Give kind of work dane 10b. dyring most of working life, even if retired)	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stote of	or foreign country)	12. CITIZEN OF WHAT COUNTR
HOUSEWORK	DOMESTIC		LAND	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
	+m5		BETH.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or untrawn) (If yes, give war or dates of service)	NONE H	OWARD GA	RNER WALD	DRF MD.
18. CAUSE OF DEATH [Enter only one couse per fir	ne for (o), (b), and (c).]		,	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	acremia			ONSET AND DEATH
DUE TO				
Conditions, if any, which ) (b)	norshipe Carl	no Vasculer Re	end alheres &	neg-i
gave rise to immediate couse (a), stating the under-	0			
lying cause lost.				
PART II. OTHER SIGNIFICANT CONDITIONS O	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	nal disease condition given	V IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in P	ort I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. It Haur a.m. 19 White at wor	Not while fo	LACE OF INJURY (Home, farm, partory, street, office bldg., etc.)		(County) (Stot
21. I certify that (I) (this hospital) oftend	led the deceased from	12-5 19-	54 10 3-26	19.42 that (1) (we) la
			M. from the couses and	on the date stated above
220. SIGNATURE				22b, DATE
Twhen B abou	~~	M.D. PHYS.	RECTOR PHYS.	SIGNE
22c. PHYSICIAN'S NAME (Type) DT OUA DD 11		22d. ADDRESS	7 7 7	
RICHARD H. DOBS	SON M.D.	Brandywi	ne, Maryland	
230. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town, or	county) (Stote)
BURIAL 3-28-62	CAKLAK	10	WALDORF	Md.
24, FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			RAR'S SIGNATURE
The Harman Frances	Land WALL	05 MD, N	IAR 3 0 '62 CL	Thur & Harris

TO HOSP VR A15 (4) 15M 9/59



03109 RTIFICATE OF DEATH with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. (f institution: Residence before admission) a. COUNTY COUNTY þ MARYLAND HARLER c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN IIf outside corporate limits, write c. LENGTH OF STAY IN 15 RURAL and give nearest town) danc shoul e. 15 RESTDENCE he d. NAME OF HOSPITAL (If not in haspital, give street oddress) d. STREET ADDRESS ON A FARM? 2 MEMORIAL YES NO Pup ,= NAME OF 4. DATE Middle filled DECEASED OF DEATH 17049 66 C (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 9 AGE fln years 7. MARRIED WEVER MARRIED B DATE OF BIRTH 6 COLOR OR RACE loy b sthdoy) Months DIVORCED | WIDOWED | 12 CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11) BIRTHPLACE (State or foreign country) during most of working life, even if retired) 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME 5 g physicio remove c 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH | Enter only one cause per\_line for (a), (b), and (c) ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) **DUE TO** I'm accodent Canditions, if any, which (b) gove rise to immediate DUE TO couse (a), stoting the underlying couse lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES TO NO TO 20b, DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of Item 18/ 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, 20f, (City or town) (Stote) 20c. TIME OF INJURY (County) Day, Year foctory, streat, office bldg., etc.) Not while Hour o.m. While at work at work p. m 1962, to 20 March 19 62 that (1) (we) lost 21 I certify that (1) (this hospital) attended the deceased from. Manuals 19 62, and that death accurred of 27 M, from the causes and an the date stated above sow the deceased olive on Kill 22b DATE 1 5 GNEI ATTENDING STAFF MED DIRECTOR M.D 22d. ADDRESS 22c PHYSICIAN'S 100 DDY. ALD 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) 23b DATE THEREOF (Stote) 23a BURIAL CREMATION. 0 256. REGISTRAR'S SIGNATURE 25a REC'D BY REGISTRAR 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** man & Maria DATE MAL 2



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH Item 3 Film G309 USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) I. PLACE OF DEATH a. COUNTY cessary, or, Page a. STATE **b.** COUNTY files. Charles Varyland Charles MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town? directo Indian Head Indiaa Head d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d STREET ADDRESS a. IS RESIDENCE ON A FARM? La le la Bold Il'er Place YES NO NO 3. NAME OF 4. DATE Middle Month Yaar DECEASED < OF (Typa or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH 19. AGE (In vaers IF UNDER 1 YEAR) IF UNDER 24 HRS. last birthday) Months ! Hours WIDOWED T 10a, USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY hin 24 hours after Give Pages 1, 2, arm PM3. Page 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) qichast! tadeat Jchoo] 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas H. Headley Edna Edvards permit, File .15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. 17. INFORMANT Address Indian Hear . (Yes, no, or unkown) | [Ifyes give war or dates of service) Item 18 In pencil in the Office of with x. Promas He flarast 18. CAUSE OF DEATH [Enter only one cause par lune for (a), (b), and (c).] INTERVAL BETWEEN NSET AND DEATH PART I DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava risa to immadiata causa DUE TO (a), stating the undarlying PART II OTHER S.GN.FICANT CONDITIONS CONTR.BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? uld be cremati Medical NO 🗔 plnous 20% EXTERNAL CAUSE WAS PRIMARY () or CONTRIBUTING () CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of itam 18.) writing | Baga 3 s 20d, INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, While Not While action, street, office bldg., etc.) MEDICAL Month, Day, Year 20f. (City of lown) (Slata) AL Acertificate, with the C jal work at work 21. I certify that I took charge of the remains described above, held an Autopsy anspection Inquiry and in my opinion ite the certific forwarded to L DIRECTO death resulted from: // Named causes Accident A. Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL lease execute the should be for the FUNERAL D ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) 1.9 (Addiese IStreet, city, Yown, or county) 228. BURIAL CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY T 22d. LOCATION (City, town, or country) (Stata) REMOVAL (Spacify) <u>2</u>40 ₽ Iri ity Gardens Jallorf , Arreland 24a. REC'D 8Y REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME PATHAR 14 5M 7/59 Certhury S. Kroue

MARYLAND STATE DEPARTMENT OF HEALTH



1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	03122 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0311
ENLIH DEPT.	1. PLACE OF DEATH    2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before edm ssion
Health,	a. COUNTY CHARLES MARYLAND STATE MARYLAND 6 COUNTY CHARLES
of He	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
l direction your	d. NAME OF HOSPITAL OR INSTITUTION (IT not in hospital, give site address) d. STREET ADDRESS
ed for Bo	ON A FARM
ally le fur s Stal deatf	3. NAME OF First M.ddle Last 4. DATE Month Dey Year OF
the the	(Type or print) 101645 H. 1962 5. SEX [6. COLOR OR RACE 7. MARRIED [7] NEVER MARRIED [7] 8. DATE OF BIRTH [9 AGE (In yeors   FUNDER 1 YEAR) IF UNDER 24 HRS.
nd 3 may vvi urs a	5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  9 AGE (In year) IF UNDER 24 HRS.  1 AT LE  WHITE WIDOWED DIVORCED CT. 6, 1956  5 yrs.
2 90 2 2 90 2	10e. USUAL OCCUPATION (Give kind of work done during most of working, life, even if retired)  12. CITIZEN OF WHAT COUNTRY done during most of working, life, even if retired)
2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MARYLAND U.S.A.
S S S S S S S S S S S S S S S S S S S	FOLLARD LAWRENCE JONES ELEANOR SINANN
S E E	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address
The factor of th	(Yes, no, or unknown) (Ifyes give wer or dates of service) E/EANOR TONES, WALDORF, MD.
ong w	18. CAUSE OF DEATH (Enter only one cause of line for (a), (b), and (c). I HA (- ) A L ONSET AND DEATH  PART I, DEATH WAS CAUSED BY:
alor tran	IMMEDIATE CAUSE (6)
in pe Office curial	Conditions, if any, which (b)
r's C	gave rise to immediate cause [a], stating the underlying DUE TO
meandi minine sed a	cause last. (c)
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he wor Aedical hould to	20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.)
a short the state of the state	THE PURE TO LIVE SEE
Aritin Chie	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete)  While Not While fectory, street, office bldg., etc.)  10:3 0 p.m. Mos / 1962 et work at work
ate, the trior	21. I certify that I took charge of the remains described above field an Autopsy   Inspection   Inquiry  , and in my opinion
CTO of the control of	death resulted from: Natical causes, Accident, Suicide, Homicide, Undetermined manner
Vard	CHIEF MEDICAL EXAMINER
ute transfer form	ACTUAL SIGNATURE  M.D. ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  3 - / 62
execute or in the second of th	NAME (Type): //E.J. E.D.E.L.E.A. Address (Street, city, lown, or county) LA PIATA, M.D.
ass execute the carification of the carification of the care of the carification of the care of the ca	226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
7 4 6 p	BURIAL 5-7-62   1.77513 URC., KANSAS  23. FUNERAL DIRECTOR ADDRESS   240. REC'D BY REGISTRAR'S SIGNATURE
II. A15ME 5M 7/59	HUNTE FUNERAL HONE, WALDONE, MD. DATE MAR 6'62 William & France



AND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission) a. COUNTY **b.** COUNTY CHARLES files. MARYLAND b. CITY OR TOWN (I outside corporata fimits. E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete ism is, write RURAL and give nearest lown) write RURAL and give nearest town) WALDORFIRURAL d. NAME OF HOSPITAL OR INSTITUTION (1 not in hospital, g ve street address) ō Boar . IS RESIDENCE ON A FARM? YES NO S 3. NAME OF First Middie 4. DATE Month Yeer DECEASED OF DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In yours | IF UNDER 1 YEAR IF JNDER 24 HRS. last birthday) Months DIVORCED [ WIDOWED [ 106. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLA 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN (Yes, np. gr ynkown) | (Ifyesgivewerordetesofservice) 18. CAUSE OF DEATH [Enter only one cause per line for (e) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gava rise to immadiata cause **DUE TO** (a), stating the undarlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16- 19. WAS AUTOPS PERFORMED? NO NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of IIem 18.) PRIMARY | or CONTRIBUTING | 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, ferm, ; 20f. (City or town) 20c. TIME OF INJURY (County) (State) Month, Day, Year factory, street, office bldg., atc.) Not While Whie at work | at work | 21. I certify that I took charge of the remains described above held an Autopsy Inspection Inquiry and in my opinion Homicide Undetermined manner death resulted from-Accident Suicide CHIEF MEDICAL EXAMINER Messe execute mest should be forward. Pruneral Director its designated a ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Addrass (Street, city, lown, or county) 22a. BURIAL, CREMATION! 22d. LOCATION (City, town, or country) 22b, DATE THEREOF 22r. NAME OF CEMETERY OF CREMATORY \_REMOVAL (Specify) Q 40 g URIA ADDRESS 246. REC'D BY REGISTRAR I 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME Cl. thur S. Thater WALDCRE 5M 7/59



STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY b. COUNTY files MARYLAND b CITY OR TOWN (if outside corporate c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If ourside corporeta limits, write RURAL and give neerest town) write RURAL and give nearest town KL PAL Ö direct d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? retained YES NO M 3. NAME OF Middle 4. DATE Month Day Year DECERSED OF (Type or print) DEATH ¥. 5. SEX 9. AGE (In years ) IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED last birthdey) Months WIDOWED 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) STUDENT 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address (Yes, no, or unkown) (Ifyes give wer or detes of service) Office along with burial-transit perm 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)) INTERVAL BETWEEN IMMEDIATE CAUSE (e) DUE TO removal, Conditions, if eny, which (b) gave rise to immediate cause Examiner's pending DUE TO (e), stating the underlying 80 0 cause last. pesn ion, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part I. of Item 18.) PRIMARY | or CONTRIBUTING | age 3 she to burial, CAUSE OF DEATH CAL 20d. NJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, 20c. TIME OF INJURY 20f. (City or town) Month, Dey, Year (County) (State) fectory, street, office bldg., atc.) While Not While OR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion lease execute 1,5 ertification is should be forwarded to FUNERAL DIRECTOR Accident 7 Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME (Typa) Address (Street, city, town, or county) ease ( 22c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION 22b DATE THEREOF (State) REMOVAL (Spacify) 40 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS VS. A15ME 5M 7/59

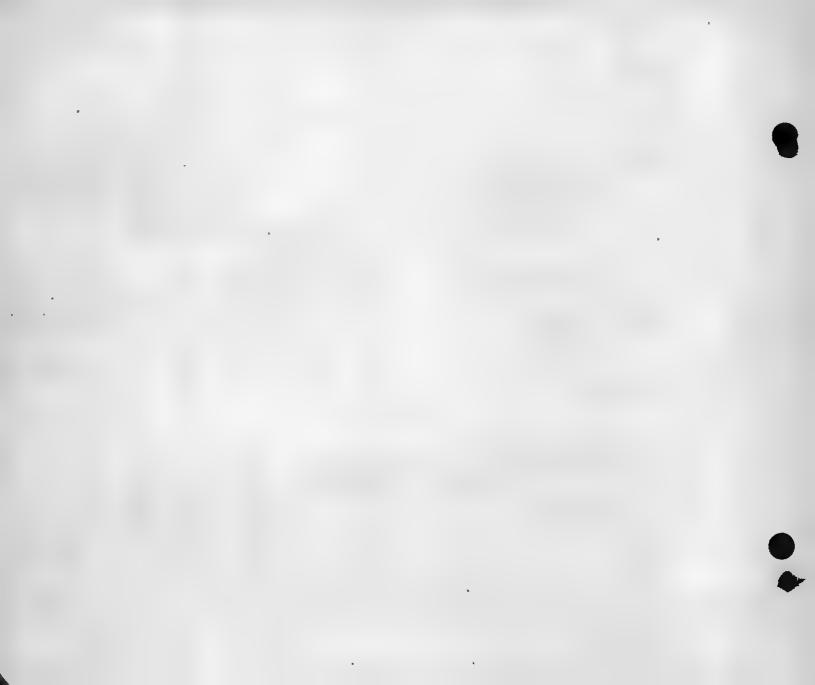
ND STATE DEPARTMENT OF HEALTH



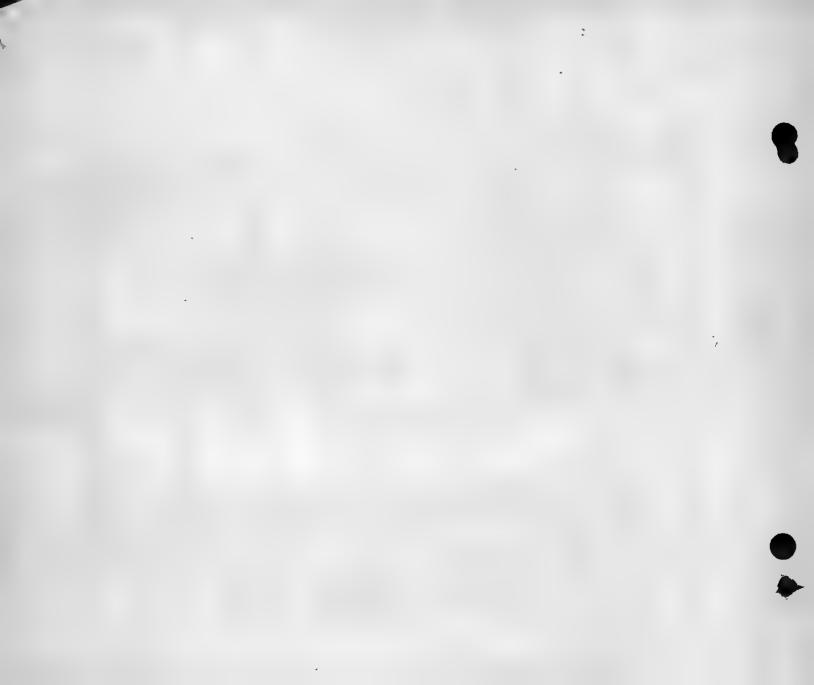
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FOR STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FUK STATE	03125 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03114
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Page Page	CHARLES MARYLAND O. STATE MARYLAND 6 COUNTY CHARLES
3 - 5	b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)  c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)
FER	WALDELFIRORAL) 10 MONTHS & WALDONE (KURAL)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  d. STREET ADDRESS  o. 15 RESIDENCE ON A FARM?
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any e fu stair Sta deat	3. NAME OF First Middle Last 4. DATE Month Dey Yeer OF AA
o the receipt	(Type or print) //ARK KANDALL NOM/ES DEATH /MARCH 1, 1960
13t	5. SEX 6 COLOR OR RACE 7, MARRIED NEVER MARR
and S	MALE WHITE I WIDOWED DIVORCED [] ATAY 13, 1961   YIS. 1701
2 all 2	106. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)
2 2 S G	NIARYLAND USA.
M3. M3.	13. FATHER'S NAME
23.Ve	E-DUAPALAWRENCE JONES KLEANUR JWANN
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ed vith vith serm	FICANOR IONES, WALDOFF, MD.
in the sit of the sit	PART I. DEATH WAS CAUSED BY.
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ifica sed n, o	COLUMN LOTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1161-19. WAS AUTOPSY
e genta	PERFORMED?
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Surje 3	Transition from the second
がでいる へん	A Hour som. Man P / 62 While Not While We fectory, street, office bldg., etc.)
EX.	21. I certify that I took phage of the remains described above, held an Autopsy   Inspection   Inquiry   and in my opinion
d the transfer of the transfer	death resulted from: I Natural causes , Accident , Suicide , Homicide , Undetermined manner
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AL of to a	DEPUTY MEDICAL EXAMINER TO
Base execute it should be for FUNERAL D	NAME (Type) / E. J. EDELEN Address (Street, city, town, or county) - A //htA, MD.
DEP Shoul FUN FUN	226. BURIAL, CREMATION 226. DATE THEREOF 226. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country)
O 0 4 0 9	15021AL 15-7-62   FITTSBURG KANSAS
₩ ₩ VS. A15ME	23. FUNERAL DIRECTOR ADDRESS 246. REC'D BY REGISTRAR'S SIGNATURE
5M 7/59	HUNTT FUNERAL HOME, WALDORF, MD. DATE MAR 6'62 Cothun S. Krama



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<b>D</b>	prior	X	-	Route #	210	f not in hos	pitol, give street address	}	d. STREET ADDRESS				e. IS RES DENCE ON A FARM? YES NO.
erc our f	istra			NAME OF DECEASED Type or print}	Firs		Middle LEE	IE I	Lost	4 DATE OF DEATH	Month	Day	Yeor
f and for y	6		5. 5				D NEVER MARRIED	_		DEATH	9. AGE (In years	IF UNDER TYEAR	***
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ve Page Page	File po		15. (Yes	WAS DECEASED EVER	IN U. S. ARMED FOR type, give war at dates of s	CESP 16. S	SOCIAL SECURITY NO.	17. IN	FORMANT 10 P 1		Address	·· C ,	m Latia
Ma G				18. CAUSE OF DEATH	Enter only one cour	e per line f	or (o), (b), and (c).]					INTE	RYAL BETWEEN ET AND DEATH
uted n 18.	Per			PART I. DEATH	WAS CAUSED BY:	Mu	ltyla in 1 4.	765	Extreme	inclu	dup	J.	wom redeate
Execution Item	tisur.			824X	DUE TO	_1		100	. 0 .	1.01-	. 5 4.	N.	
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TO DE cute farm	2 2	and a	220	BURIAL, CREMATION REMOVAL (Specify)	225. DATE THEREO		22c. NAME OF CEMETER Pleasent	_	CREMATORY ve Buptist	22d. LOCA	rbary, r	county)	(Stote)
VS. A15M	E(5)	100	23.	PUNERAL DIRECTOR'S	SPONATURE INC	in C	SODDRESS .	عدو	24a. REC's	BY REGIST		TRAR'S SIGNATU	
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DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY eg MARYLAND VLAN b. CITY OR TOWN (If outside corporate limits, write c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 RURAL and give negrest lawn! AULKNER AULKNE e. IS RESIDENCE ON A FARM? NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS OR INSTITUTION YES NO RO Middle 4. DATE NAME OF Month OF DEATH DECEASED SEORGE (Type or print) 1962 Pages IF UNDER 1 YEAR IF UNDER 24 HRS 9 AGE (In years 6 COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Manths Days DIVORCED | WIDOWED | papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life even if retired) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME JUSAN 17. INFORMANT Address 16 SOCIAL SECURITY NO. INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Llous. **DUE TO** Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO P 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (State) 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) 20c TIME OF INJURY Manth, Day, Year 20d, INJURY OCCURRED factory, street, affice bldg., etc.) Hour a.m. While Nat while at work at work p. m. That (I) (we) last 21 I certify that (I) (this hospital) attended the deceased from... and that death occurred at I / M, from the causes and an the date stated above. saw the deceased aliveran 22a SIGNATURE ATTENDING PHYS MED DIRECTOR M D 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) FUNERAL NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town, or county) 23a BURIAL, CREMATION. 23h DATE THEREOF (Stote) REMOVAL (Specify) 256 REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR'S SIGNATURE VR A15 (4)

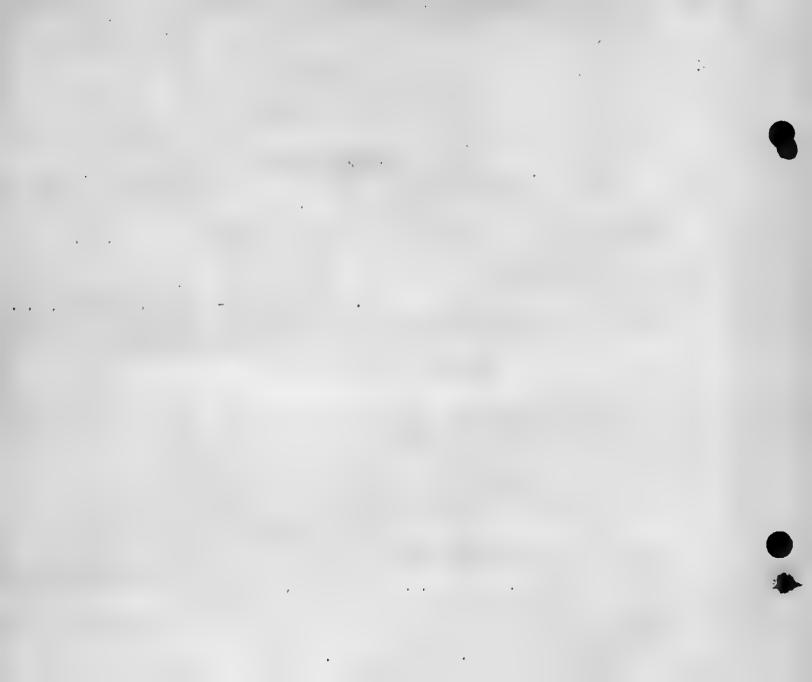


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral H . PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed I ved, if Institution: Residence before admission) a. COUNTY **b.** COUNTY Charles Charles a. STATE Maryland by the and 2 death. MARYLAND c. CITY OR TOWN (If outs'de corporate limits, write RURAL and give necrest town) b. CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 16 write RURAL and give neerest town) La Plata La Plata 2. filled in Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address d. STREET ADDRESS e. IS RES DENCE ON A FARM Route 15 Route +5 YES NO completely 3. NAME OF DATE M ddle Month Year DECEASED DEATH (Type or print) dillia. and cor AGE (In years | IF UNDER I YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. lest\_birthday) Months Hours December 12,1898 WIDOWED X DIVORCED Hale physician 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S. Parsiali-trairs Gover ment wa Plata . ... while 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending pl Then please 2. Jennie Stone John Matthews 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO 17. INFORMANT Address moval, (Yes, no, or unkown) (Ifyesgivewerordetesofservice) Mr. William Bruce Matthews- Son/been signed by the INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per ano to/(a., [b., and (c)] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO attending Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying has couse last, 計 hospital or certificate ! PART II, OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART II. 19. WAS AUTOPSY PERFORMED? NO K 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II or Item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer fectory, street, office bldg., etc.) Hour a.m. While Not While et work at work DIRECTOR: 3/3/...., 19.52, that (I) (we) last 19.54 to ... saw the deceased alive on 22b. DATE 22e. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. M.D FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, be filed 23d. LOCATION (City, town or county) (Stata) 23e, BURIAL, CREMATION, 236, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) La Plata, mar land OH 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 9/60 arthur & Heart Arehart Funeral dome Inc. - La

SYLAND STATE DEPARTMENT OF HEALTH



AND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved. If institution, Residence before admission) e. COUNTY m. STATE New York b. COUNTY Charles Monroe es. MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate I m ts, write RURAL and give nearest town) director. write RURAL and give negrest town) 12 Hours La Plata Rochester d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE 0 Boar ON A FARM? YES NO Y Physicans Memorial Hospital 15 Navarre Road 3 NAME OF Middle DECEASED hours after death If ar Pages 1, 2, and 3 to the 13. Page 5 may be refa (Type or print) 19 62 EDWIN R. NORTHRUP 6. COLOR OR RACE 7. MARRIED Y NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR! IF UNDER 24 HRS last birthdey) Months Male WIDOWED | DIVORCED May 10 . 1903 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 72 Z done during most of working life, even if retired) General Foreman Kodak Company U.S.A. Rochester . New York 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unkown) Northrup Lucie Pratt 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) Mrs. Anita Northrup -No Rochester 21, N.Y. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), CEREBRO VASCULAR ACCIDENT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Office Conditions, if eny, which gave rise to immediate cause DUE TO (e), sletting the underlying used PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 19. WAS AUTORSY CERTIFICAMON PERFORMED? 2 NO O 206. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Part I or Part II of Item 18,) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. age 3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ) 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) Hour e.m. While Not While et work et work OR 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection ... Inquiry and in my opinion please execute the certific 4 should be forwarded to 5 FUNERAL DIRECTO death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE La Plata (Steet Mary Landunty) Merkle M.D. NAME (Type) 22e. BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State, REMOVAL (Specify) ₽40 g Rochester , New York Burial Riverside Cemetery 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE VS. AISME 5M 9 60



LAND STATE DEPARTMENT OF HEALTH

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226 DATE SIGNED

(County)

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INTERVAL SETWEEN

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PERFORMED? YES T NO

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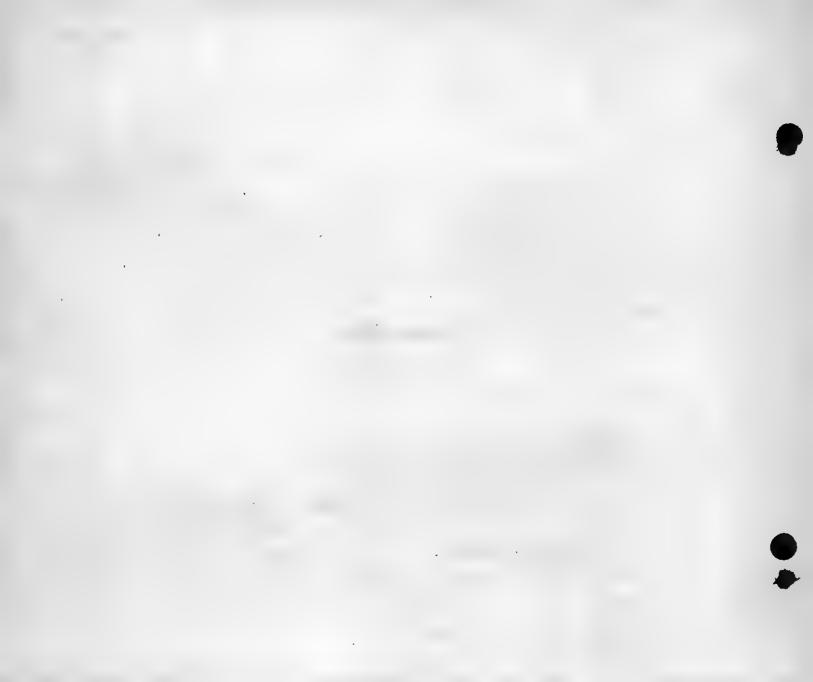
Days

ON A FARM?

YES NO ...

23d. LOCATION (City, tawn, or county) (State)

25h REGISTRAR'S SIGNATURE 9 '62 Circlina S. Thomas DATE



CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased flyed " If institution Residence before admission) a. COUNTY MARYLAND b CITY OR TOWN (If outside carporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give negrest town d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? PHYSICANS YES NO IZ NAME OF Middle 4. DATE DECEASED OF DEATH (Type or print) 1965 IF UNDER 1 YEAR IF UNDER 24 HRS 9 AGE (In years last birthdoy) WIDOWED | 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME WELCH. MARGARET IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. POHERET, MD CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (a), stating the underlying cause lost. PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS ALTOPSY 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c, TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f (City or town) (Stote) factory, street, office bldg., etc.) While Not while at work at work 21 1 certify that (1) (this haspital) attended the deceased from 19 that (1) (we) last 220/SIGNATURE ATTENDING PHYS. SIGNED DIRECTOR | 22c PHESICIAN'S 22d ADDRESS NAME (Type) 23a BUR AL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) CEME 0 ADDRESS 250 REC'D BY REGISTRAR - Win 8 Thouse



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pleose e should cremotiv	M	1, P	ACE OF DEATH COUNTY Classes		MARYL	AND	2. USUAL RESIDENCE (V		h. COUNT		o before admission)
Page .			CITY OR TOWN (If outside corporate luttered give negrest town)	its, wite RURAL	c. LENGTH OF STAY IN	ł 1b	c. CITY OR TOWN (III	outside corp	porole limits, write		ive neorest town)
ec. or. rior to	X		NAME OF HOSPITAL OR INSTITUTI	ON (If not in hos			d. STREET ADDRESS	Vanjen	QV:		e. IS RESIDENCE ON A FARM? YES NO X
If ony define function of for your files.		D	MONE AME OF FCEASED ype or print)	First	Middle		Last	4. DATE OF DEATH	Month		Day Year
	-	5. St	X 6. COLOR OR	RACE 7. MARRII	ED NEVER MARRIED			DEATH	9. AGE (In years fost birthday)	2 3-23 IFUNDER 19 Months Do	EAR IF UNDER 24 HRS.
		10a.	USUAL OCCUPATION (Give kind of ring most of working life, even if re	work done 10b. I	CIND OF BUSINESS OR IN	<u>- 1                                   </u>			yrs. Duniry)		N OF WHAT COUNTRY
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n 24 hou e Pages Page 5 ile poge		15. \ (Yes,	YAS DECEASED EVER IN U. S. ARM 10, or unknown) (If yea, give war or o	lates of service)			Ruby Key		Address		Name land
8. Give		I.W.	B. CAUSE OF DEATH [Enter only o	ne cause per line	O11@ for (o), (b), and (c).]	]	Nother-Ruby	<u>Swann</u>	- Nanje	emoy,	Maryland INTERVAL BETWEEN ONSET AND DEATH
se execute in Item II with form tronsit pe			763,0 pt	SE (o)E	neuzonia Bro	anci	ho				2-Days
uld to			Conditions, if ony, which gove rise to immediate cause (a), stating the underlying DL couse lost.	to Uppe	r respirator	<u>a.                                    </u>	Infection				2-Days
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pendi pendi iner's be use	(	CERTIFICATION	Non  Oa. EXTERNAL CAUSE WAS  RIMARY OF CONTRIBUTING CAUSE OF DEATH.		E HOW INJURY OCCURRE	ED. (En	eler noture of injury in Par	I f or Part II	af item 18.)		YES NO D
VER: This ie word cal Exam 3 should		ــا بــا	Noc. TIME OF INJURY Month, Do	y, Year 20d.   While	e Nat while	PLAC	E OF INJURY (Home, form ry, street, office bldg., etc.	20f. (City	or town)	(Count	y) (Slate)
hing th Media			p. m. 21. I certify that I took ch	orge of the i			—				, and find tha
hief hief ECTOR:			death resulted from: Note	rol causes	Accident [],	Suic			ndetermined c	ouse .	DATE SIGNED
AE TO I		П	ACTUAL SIGNATURE EXAMINERS		J.C. Press		ASSISTANT MEDICAL EX	AL EXAMINE			3-23-62
cute the forwarded FUNERAL	4	220.	NAME (Type) James E An BURIAL CREMATION, 226. DATE TO REMOVAL (Specify)	HEREOF	22c. NAME OF CEMETER	Y OR C		22d. LOCAT	HON (City, town, o		(Slole)
2 ° 2 ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° °	She	_	REMOVAL (Specify) 3/24/ UNERAL DIRECTOR'S SIGNATURE	1962	Church of Lo	o≇d_	Jeasus Chri	D BY REGIST		TRAR'S SIGN	ATURE
5M 9/55		2	Archart Funeral	Home , I	nc La Pla	ta	, Mary Land	XAR 2	7,02	Living	Z. Trave

MAKTLAND STATE DEPARTMENT OF HEALTH—BALTIMOKE, 18



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH I director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lawn) b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) ORF ₽ WALDOR 15 RESIDENCE d NAME OF HOSPITAL (If not in haspital give street address) d. STREET ADDRESS ON A FARM? OR INSTITUTION YES NO 4. DATE NAME OF First Middle Month Day Year DECEASED DEATH (Type or print) 196 IF UNDER 1 YEAR IF UNDER 24 HRS 9 AGE (In year) 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | lost birthday) Manths Days Hours DIVORCED [ WIDOWED X USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? during mast af warking tite even if retired) SEWORK 13. FATHER'S NAME within 17 INFORMAN 6. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which [b] gave rise to immediate DUE TO cause (a), stating the underlying couse lost. CATION 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIGUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PERFORMEQ? NO 200. ACCIDENT WAS UNDERLYING ARCONTRIBUTING ACCUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home form, 20f. (City or town) (County) (State) Day, Year factory, street, affice bldg, etc.) Hour a.m. While Not while at work at work p. m. 196 that (I) (we) last 2) I certify that (I) (this haspital) ottended the deceased fram. and that death accurred at A M, from the causes and an the date stated above saw the deceased alive an 220 5 GNATUR M D PHYS MED. 22d ADDRE 22c PHYSICIAN'S NAME (Type) 230 BURIAL CREMATION, 23b, DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOGATION (City, town, or county) (State) REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR DATE MAR 2 0 '62 VR A15 (4) arthur & Flower 15M 9/59

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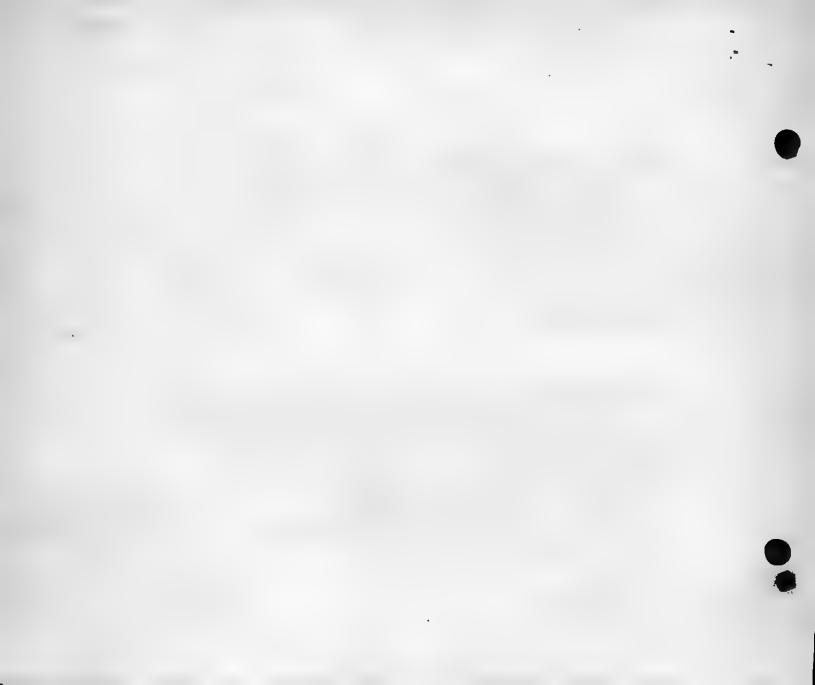
	PLACE OF DEATH O. COUNTY CHAREES MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution Residence of STATE b. COUNTY Characteristics)	before admission)
~	b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 RURAL and give nearest lown)  RURAL - Indian Led. 25 years.	c. CITY OR TOWN (If outside corporate limits, write RURAL and gi	
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	Rt. Ba 65. Indian Dead	e. IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print) JOSEPH ROLAND U	JELCH 4. DATE OF DEATH MARCH	Doy Year 1962
J	SEX   6. COLOR OR RACE   7 MARRIED   MEVER MARRIED	18 Feb 1906 Soys. Months	YEAR IF UNDER 24 HRS Doys Hours Min
100	o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)  US GULLET L.	Charles Co. Manglad. L	EN OF WHAT COUNTRY
13.	Henry Lee Welch	Susan L. Welch.	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 III os. no.gor animown) 17 III 214-32-8463 W	NFORMANT 11 FC Bessie Lee Welch, I.	ndian Head.
-	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). (b), and (c).]	Marin	INTERVAL BETWEEN ONSET AND DEATH
	Conditions if any, which to Corone arts	in disease.	2/2/1/2
	couse (a), stating the <u>under-lying couse lost.</u> DUE TO  (c)	- 14	
CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
CERTIFI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Port II of Item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED to Please the Polymer of the Polymer o	LACE OF INJURY (Home, farm, 20f. (City or town) (Conctory, street, office bldg., etc.)	ounly) (State
	21 I certify that (I) (this hospital) attended the deceased fram. sow the deceased alive an 2 2 2 1962 and that	Sent 1959 , to - March, 1962 death occurred of CPM, from the causes and on the	
	220. SIGNATURE MD	M.D. ATTENDING MED DIRECTOR STAFF	22b DATE SIGNE Mar G Z
	ARTHUR O. WOODDX, M.D	LA PLATA, MARY, LAND	
23	BE BURIAL CREMATION 236 DATE THEREOF 236 NAME OF CEMETERY OF BOMOVAL (Specify) 3-5-62 TRINITY	MEMORIAL WALDORF	(Stote)
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS The HUNTT FUNEYAL HOME WALDON	250. REC'D BY REG STRAR 256 REGISTRAR'S SIG	

may be read the haspital at attending physician.

TO FUNERAL DIST. After this certificate has been signed by the attending physician and completely filled in by the funeral director; page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shall be filed with the State Baard of Health priar to burial, crematian, at removal, and in ally event, with the State Baard of Health priar to burial, crematian, at removal, and in ally event. TO HOSPIT VR A1S (4) 1SM 9/S9

fter death. Page 1

**IHYSICIAN:** The law requires that the death certificate be executed within 24



MARYLAND STATE DEPARTMENT OF HEALTH ATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) a. COUNTY h COUNTY / a. STATE MARYLAND b. CITY OR TOWN (if our c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporeje limits, write RURAL and give nearest lown) Write RURAD and I Rural filled i d. NAME OF MO e. 15 RESIDENCE ON A FARM? YES NO completely 3. NAME OF DATE DECEASED OF [Type or print] DEATH 6. COLOR OR RACE 7. MARRIED AGE (In yeers | IF UNDER 1 YEAR 5. SEX DATE OF BIRTH IF UNDER 24 HRS NEVER MARRIED birt dey) Months | Min. Davs Hours ë ë WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired) Charles Jounty At Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please law requires that the death .5 Margaret Crismond Alvin Langlev ian. by the attend 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) [[[[yes give war or detes of service] Mr. A. Clay willett-Husband-Ponfret, .arvland Un rown 18. CAUSE OF DEATH [Enter only one cause pet line for (a), (b), and (c). INTERVAL BETWEEN 1c Mc+ASTASis PART I, DEATH WAS CAUSED BY, signed IMMEDIATE CAUSE (a) DUE TO Conditions. if ony, which (6) gava risa to immadiata cause DUE TO (a), steting the underlying ceuse lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED .. NO 20b, DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED | 20e, PLACE OF INJURY [Homa, farm, 20f. (City or town) (State) 20c. TIME OF INJURY Month, Dey, Yeer (County) fectory, street, office bldg., etc.) Hour a.m. While Not While at work at work RECTO! 21. I certify that (I) (this hospital) attended the deceased from... 10 (hat (I) (we) last ...190 -, and that death occured at from the causes and on the date stated above. saw the deceased alive 22b. DATE 22n. SIGNATURE ATTENDING SIGNED STAFF DIRECTOR PHY5. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRES FUNER NAME (Type 23d, LOCATION City, town or county! 230. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stete) REMOVAL Specify Suitland , Maryland Delar Hill Jemetery 最中華品 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 9/60 Archirt Funeral Home , Inc. - 11 Plata , ....... DATE MAR 1 4 '62 Clothur & Thous

14511571 a parties -- A tearer with the Ballion 9413 KEN PER. 18 40 1 - P E. C. A CHERCE E METHORAGO P. 57 KI 3 78425 THE J. FORKEN SOM RES. Dec. The state of the state of the state of

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		b. CITY OR TOWN (if write RURAL and	outside corporete lingive neerest town)	mits,	c. LENGTH OF STAY IN 16	Mary_		ete limits, write		
X	-	d. NAME OF HOSPITA	AL OR INSTITUTION	(if not in hos	pital, give street eddress)	d. STREET ADDRES				e. IS RESIDEN
		NAME OF DECEASED (Type or print)	Ma <b>rv</b> As	gnes	Middle Young	Last	4. DATE OF DEATH	Month 3	Dey 26	Yes No
	-	Female			NEVER MARRIED	8. DATE OF BIRTH 2/20/1901	9.	est birthdey)	IF UNDER 1 YEAR	IF UNDER 24 H
1	1De do	. USUAL OCCUPATION of working most of working most of working the same of the	ON (Give kind of wo	rk 10b. K	ND OF BUSINESS OR INDUS	IRY 11. SIRTHPLACE (Co.	-	O 1. 713.		F WHAT COUN
	13.	FATHER'S NAME	0 1			14. MOTHER'S MAIDE		n -		
	15.	WAS DECEASED EVE	RIN U.S. ARMED FO	ALL RCES?   16.	SOCIAL SECURITY NO. 17.	INFORMANT	Hawk	Address		
	(Ya	s, no, or unkown] [[f	yes giva werordeteso	fservice)		I.P. Evans	Wei	Lcome,	Maryla	ind
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			which (I	HY	SCULAR PERTENS PRT DISA	IVE - A		21050	-	
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TSTEET Wilded France in THE PERSON IN THE PARTY OF - NALWAY VASCHLA PACIDENT MYRICE TO STATUTE - AND SERVICE TO STATUTE M ART DRIASE. 21 12 200 1 BOM 3 30 MINS All the state of t FEB 13 63 12 3 11 12 12 12 BURN STANDARD BURNES CALLED STANDARD FOR THE BURNESS Mora pource, dass It I & wind store of the Marker of